

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 091831477 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1					
3	2			1		
4	2					
5	4					
6	2	2				
7						
8	2	2				
9	2	2				
10						
11	0	0				
12	0		1			
13	1		1			
14	1					
15	1					
16	4	3				
17	0		1			
18	1					
19		1				
20	2					
21	1					
22	1					
23	1					
24	3					
25	0					
26	0					
27	1		1			
28	1		1			
29	1					
30	1		1			
31	1		1			
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TOTAL I.D.			7			
TOTAL DEP.		23				
TOTAL CLAIMS		30				

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